Comorbidity Burden of Patients with Cluster Headache
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Objective:
The primary objective of this study was to describe characteristics of patients diagnosed with Cluster headache (CH) at our institution and review the appropriateness of their management.

Background:
Cluster headache (CH) is the most common trigeminal autonomic cephalalgia, an extremely debilitating primary headache disorder that is often sub optimally treated. Patients usually present with excruciating unilateral headaches with autonomic symptoms.

Design/Methods:
This retrospective analysis used the Leaf research data base to analyze CH patients (using ICD 9 and ICD 10 codes) presenting to University of Washington Medical Center. We analyzed the treatments used in this group of patients based on American Headache Society and European Federation of Neurologic Societies Recommendations for Treatment of Cluster Headache.

Results:
Of 935 CH patients, the majority were male 519 (55%). Episodic cluster was present in 72% and chronic cluster in 28%. Only 19.3% were older than 65 years. The most commonly prescribed drug classes for CH patients included: opioids (47.3%), triptans (5HT-1 B and 5HT-1D agonists) (28.9%), anticonvulsants (13.6%), corticosteroids (11%), verapamil (10%), antidepressants (8%), benzodiazepines (8%), melatonin (6.4%), NSAIDs (4%), lithium (0.6%), and occipital nerve blocks (0.2%). We were not able to access data on high-flow oxygen therapy use. Only 18.5% of CH patients received recommended acute treatments prior to referral, and 22.9% of patient received preventive CH treatment.

Conclusions:
Evidence-based guidelines are underutilized in CH Treatment, this leads to suboptimal management. Treatment patterns indicate frequent use of opiates and unsupported CH treatments with less frequent use of recommended cluster headache treatments. This supports significant need for widespread education regarding current CH guidelines to providers likely to encounter and prescribe for this headache.